

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-079)

APPL. NO. 10552158
FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AFTER 3rd AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.		IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				101	1
2	1		1				102	1
3	1		1				103	1
4	1		1				104	1
5	1		1				105	1
6	1		1				106	1
7	1		1				107	1
8	1		1				108	1
9	1		1				109	1
10	1		1				110	2
11	1		1				111	2
12	1		1				112	0
13	1		1				113	3
14	1		1				114	3
15	1		1				115	2
16	1		1				116	2
17	1		1				117	2
18	1		1				118	1
19	1		1				119	0
20	1		1				120	0
21	1		1				121	0
22	1		1				122	0
23	1		1				123	0
24	1		1				124	0
25	1		1				125	0
26	1		1				126	0
27	1		1				127	0
28	1		1				128	0
29	1		1				129	0
30	1		1				130	0
31	1		1				131	0
32	1		1				132	0
33	1		1				133	0
34	1		1				134	0
35	1		1				135	0
36	1		1				136	0
37	1		1				137	0
38	1		1				138	0
39	1		1				139	0
40	1		1				140	0
41	1		1				141	0
42	1		1				142	0
43	1		1				143	0
44	1		1				144	0
45	1		1				145	0
46	1		1				146	0
47	1		1				147	0
48	1		1				148	0
49	1		1				149	0
50	1		1				150	0
TOTAL IND.	1	1	1	1	1	1	1	1
TOTAL DEP.	1	1	1	1	1	1	1	1
TOTAL CLAIMS	1	1	1	1	1	1	1	1

update

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